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CONFIRMATION NO. 8765

<b>SERIAL NUMBER</b> 10/826,136	<b>FILING OR 371(c) DATE</b> 04/16/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1625	<b>ATTORNEY DOCKET NO.</b> HUBR-1261-US	
<b>APPLICANTS</b> Nobert Hofgen, Ottendorf-Okrilla, GERMANY; Hildegard Kuss, Dresden, GERMANY; Matthias Olbrich, Moritzburg, GERMANY; Ute Egerland, Radebeul, GERMANY; Chris Rundfeldt, Coswig, GERMANY; Karin Steinike, Radebeul, GERMANY; Rudolf Schindler, Dresden, GERMANY; <b>** CONTINUING DATA ***** NONE *****</b> <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 18 610.7 04/24/2003 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/26/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>md</i> <i>md</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 24972					
<b>TITLE</b> 7-azaindoles and the use thereof as therapeutic agents					
<b>FILING FEE RECEIVED</b> 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		